

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/715,897-Conf. #1386
		Filing Date	November 18, 2003
		First Named Inventor	Per Andersson
		Examiner Name	D. K. Handy
		Art Unit	1743
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00		Attorney Docket No.	60889/HO-P02894US0/10314005

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 06-2375 Deposit Account Name: Fulbright & Jaworski L.L.P.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ - = _____		x _____	= _____		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.				_____			
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - = _____		x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.				_____			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2402 Filing a brief in support of an appeal						500.00	
2253 Extension for response within third month						1,020.00	

SUBMITTED BY			
Signature	/Melissa W. Acosta/	Registration No. (Attorney/Agent)	45,872
Telephone	(214) 855-7163		
Name (Print/Type)	Melissa W. Acosta	Date	April 5, 2007

TRANSMITTAL OF APPEAL BRIEF			Docket No. 60889/HO-P02894US0/10314005
In re Application of: Per Andersson			
Application No. 10/715,897-Conf. #1386	Filing Date November 18, 2003	Examiner D. K. Handy	Group Art Unit 1743
Invention: MICROFLUIDIC DEVICE			
<p style="text-align: center;"><u>TO THE COMMISSIONER OF PATENTS:</u></p> <p>Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal filed: <u>November 7, 2006</u> .</p> <p>The fee for filing this Appeal Brief is <u>\$ 500.00</u> .</p> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> A petition for extension of time is also enclosed.</p> <p>The fee for the extension of time is <u>\$ 1,020.00</u> .</p> <p><input type="checkbox"/> A check in the amount of _____ is enclosed.</p> <p><input type="checkbox"/> Charge the amount of the fee to Deposit Account No. <u>06-2380</u> . This sheet is submitted in duplicate.</p> <p><input checked="" type="checkbox"/> Payment by credit card in the amount of \$1,020.00 accompanying documents.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees that may be required or credit any overpayment to Deposit Account No. <u>06-2375</u> .</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><u>/Melissa W. Acosta/</u> Melissa W. Acosta Attorney Reg. No. : 45,872 FULBRIGHT & JAWORSKI L.L.P. 2200 Ross Avenue, Suite 2800 Dallas, Texas 75201-2784 (214) 855-7163</p> </div> <div style="width: 35%; text-align: right;"> Dated: <u>April 5, 2007</u> </div> </div>			